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Atty Dkt No. 0243.04
USSN 10/821,055
PATENT

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Technology Center 3700 (703-872-9306) on the following date:

20 Oct 2004
Date

Gary R Fabian
Signature

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In Re Application of: FORD, R., et al. | Confirmation No.: 9632 |
|---|---|
| Serial No.: 10/821,055 | Art Unit: 3736 |
| Filing Date: 8 April 2004 | Examiner: Robert Nasser |
| Title: FORMULATION AND MANIPULATION OF DATABASES OF ANALYTE AND ASSOCIATED VALUES | |

## TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA  22313-1450

Sir:

Transmitted herewith for filing in the above-referenced application are the following documents:

1. Transmittal;
2. Second Preliminary Amendment (including a complete listing of the claims);
3. Terminal Disclaimer; and
4. Certificates of Facsimile Transmission.

__X__   Charge $55.00 (small entity rate) to Deposit Account No. 03-4058 for the accompanying Terminal Disclaimer.

__X__   Charge $189.00 (small entity rate for 21 dependent claims at $9.00 per claim) to Deposit Account No. 03-4058 for the additional claims beyond the number for which fees have already been paid.

No additional fees are believed due in connection with this paper.  However, the Commissioner is hereby authorized to charge to Deposit Account No. 03-4058 any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, with the exception of the payment of the Issue Fee.

Respectfully submitted,

Dated: _20 Oct 2004_          By: _Gary R. Fabian_

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| PATENT APPLICATION FEE DETERMINATION RECORD<br>Effective October 1, 2003 | Application or Docket Number<br>*10821055* |
|---|---|

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | *30* | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | *30* minus 20= | * *10* |
| INDEPENDENT CLAIMS | *2* minus 3 = | * *0* |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### SMALL ENTITY TYPE ⟹ 

| | RATE | FEE |
|---|---|---|
| BASIC FEE | 385.00 |
| XS 9= | *90* |
| X43= | |
| +145= | |
| TOTAL | *475* |

OR

### OTHER THAN SMALL ENTITY

| | RATE | FEE |
|---|---|---|
| BASIC FEE | 770.00 |
| X$18= | |
| X86= | |
| +290= | |
| TOTAL | |

## CLAIMS AS AMENDED - PART II   *10-20-04*

### AMENDMENT A

| | (Column 1)<br>CLAIMS REMAINING AFTER AMENDMENT | | (Column 2)<br>HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3)<br>PRESENT EXTRA |
|---|---|---|---|---|
| Total | * *51* | Minus | ** *30* | *21* |
| Independent | * *2* | Minus | *** *3* | = — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$ 9= | *189.0* |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | *189.00* |

OR

**OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|---|---|
| X$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

### AMENDMENT B

| | (Column 1)<br>CLAIMS REMAINING AFTER AMENDMENT | | (Column 2)<br>HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3)<br>PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE |
|---|---|
| X$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|---|---|
| X$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

### AMENDMENT C

| | (Column 1)<br>CLAIMS REMAINING AFTER AMENDMENT | | (Column 2)<br>HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3)<br>PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE |
|---|---|
| X$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|---|---|
| X$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.